

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/594229

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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14						
15						
16						
17						
18			1			
19				1		
20				2		
21				2		
22				1		
23				2		
24				2		
25				1		
26				2		
27				2		
28				2		
29				4		
30				2		
31				0		
32				1		
33				2		
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48						
49						
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	25	←		←
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						